



Personnel

**NON-DUTY RELATED PHYSICAL DISQUALIFICATION
PROCESSING FOR INDIVIDUAL RESERVISTS**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

OPR: HQ ARPC/SGP
(Capt Christine Tyszka)
Supersedes ARPCI 36-3212, 13 July 1999

Certified by: HQ ARPC/SG (Col Linda L. McHale)
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This instruction outlines the process for determining fitness for individual Reserve members with certain medical conditions which affect duty performance to a degree that may warrant administrative discharge. This instruction applies only to Individual Mobilization Augmentees (IMAs), Health Professions Scholarship Program (HPSP) and Financial Assistance Program (FAP) participants, HPSP graduates deferred from active duty to attend additional medical training, Reserve Officer Training Corps (ROTC) cadets, and Individual Ready Reserve (IRR), (IRR includes the Ready Reinforcement Personnel Section, The Air Force Admissions Liaison Officer program, the Civil Air Patrol Reserve Assistance Program, the centrally managed IRR programs, SG, JA, and HC, and Obligated Reserve Section) and Standby Reserve (Standby includes Non-Affiliated Reserve Section, and Inactive Status List Reserve Section) members with **non-duty** related impairments.

SUMMARY OF REVISIONS

This revision changes office symbols. Minor changes in wording have been made for clarity. Paragraph 2.3: The flow of information to HQ ARPC/SGP has been clarified. Paragraph 3.3.2.: Reference to AAC for some temporary medical conditions has been deleted. Paragraph 3.3.3.3.4: Guidance for communication with AFIT/CIMJ has been clarified. Paragraphs 4.1.1 – 4.1.2 have been revised to address the re-grouping of attachments (packages) into categories. Paragraph 4.1.3 has been further subdivided for clarity. Paragraphs 5.1 - 5.6 have been rearranged for logical progression. Paragraph 5.5 has changed the top rank of the Fitness Review Panel (FRP) to colonel and added the requirement for a physician on the FRP. Paragraph 5.9: Listing of administrative support offices has been rearranged by sequence of actions. Attachments have been grouped into categories of packages, and some cover letters have been changed for clarity. Paragraph 6.2: Further clarifies guidance for communication with AFIT/CIMJ.

1. Authority. DoDD 1332.18, *Separation or Retirement for Physical Disability*, DoDI 1332.38, *Physical Disability Evaluation*, AFI 48-123, *Medical Examinations and Standards*, and AFI 36-3212, *Physical Evaluation for Retention, Retirement and Separation*.

2. Receipt of Medical Information. HQ ARPC/SGP receives medical information regarding a member's physical condition.

2.1. Information is received by SGP from the member by letter, a HQ ARPC Survey, the assigned or attached unit, Medical Treatment Facility, or the member's physician.

2.2. Information is received from the required military physical examination.

2.3. HQ Air Force Institute of Technology (AFIT), or HQ Air Education And Training Command Surgeon General (HQ AETC/SG) reviews cases for HPSP, FAP, and deferred HPSP graduates and ROTC cadets. If there is some question regarding the member's fitness for continued military service, HQ AFIT sends questionnaires to HQ ARPC/SGP.

2.4. Timeliness is extremely important in this process. The time between receipt of medical information identifying the medical condition and issuance of a FRP recommendation should not exceed 90 days.

3. HQ ARPC/SG Physician Review.

3.1. The appointed HQ ARPC/SG physician reviews all medical information to evaluate the member's fitness for continued military service and appropriate disposition.

3.2. If the member has a condition that raises serious doubt about fitness for continued military service, the SG physician may request additional information regarding that physical condition.

3.3. There are several possible actions after the SG physician review.

3.3.1. If there is no substantial question of the member's fitness for continued military service, the member remains in their current specialty and duty position.

3.3.2. If there is a physical condition that affects the member's fitness for continued military service, retain member in the current specialty and duty position and input an Assignment Limitation Code (ALC) into the Personnel Data System (PDS) indicating certain duty limitations. SG inputs the ALC and sends the AF Form 422, **Physical Profile Serial Report**, to the Program Manager. Each ALC is accompanied by an expiration date. The expiration date triggers a review of the member's condition and determination of further disposition of the case.

3.3.3. Expedited Processing.

3.3.3.1. It is not necessary to process the case in accordance with paragraph 4 and 5 when the reviewing SG physician finds a member obviously unfit for continued military service due to any of the following three conditions:

3.3.3.1.1. Clear and convincing evidence at the time of review that the impairments are of such a degree the member cannot perform the duties of his or her office, grade, rank or rating, and the condition is not expected to improve.

3.3.3.1.2. Clear and convincing evidence that the result of the overall effect of two or more impairments and their associated medical conditions would create a significant burden to the United States Air Force.

3.3.3.1.3. Death is imminent.

3.3.3.2. The clear and convincing evidentiary standard is a heavier burden than the preponderance of the evidence standard, but less than beyond a reasonable doubt.

3.3.3.3. When ARPC/SG has determined that expedited processing pursuant to paragraph 3.3.3 is appropriate:

3.3.3.3.1. SG will prepare an AF Form 1768, **Staff Summary Sheet**, for coordination by JA, DPA, CCE, CCR, and CV, for approval by CC, and action by DPPS (**Attachment 1**).

3.3.3.3.2. The AF Form 1768 will recommend discharge and fully explain the medical condition and its effect on the member's ability to perform the duties of his or her office, grade, rank, or rating.

3.3.3.3.3. JA and DPA will each have 5-working days to concur or non-concur.

3.3.3.3.4. Coordination must be unanimous. If anyone non-concurs in the coordination process, the case will be processed in accordance with paragraphs 4 and 5, to include gathering of questionnaire information and review by the Fitness Review Panel. ARPC/SG will notify AFIT/CIMJ in writing when an HPSP/FAP member has been determined physically disqualified under the procedure set forth in this paragraph. Further disposition will be in accordance with paragraphs 6.3.1, 6.3.2, and 6.3.3.

4. Potentially Unfit Determination.

4.1. When the HQ ARPC/SG physician finds a member potentially unfit for continued military duty in the Reserve, HQ ARPC/SG sends the member a package informing the member of the recommendation and requesting additional information pertinent to the medical condition.

4.1.1. One of three packages will be sent to the member.

4.1.1.1. The Participating Individual Reservist package (**Attachment 2**) is sent to IMA and participating members of the IRR. This package contains a cover letter, the member's declaration, a Utilization Questionnaire, a Civilian Supervisor Performance Questionnaire, and an AF Form 422.

4.1.1.2. The Non-Participating Individual Reservist package (**Attachment 3**) is sent to Non-Participating IRR and Standby Reserve members. The package contains a cover letter, the member's declaration, and a Civilian Supervisor Duty Performance Questionnaire.

4.1.1.3. The HPSP/FAP/ROTC/Deferred Package (**Attachment 4**) is sent to HPSP and FAP participants, ROTC cadets, and deferred HPSP graduates. The package contains a cover letter, a member's declaration, and an HPSP/FAP/ROTC/Deferred Questionnaire.

4.1.2. Each package in paragraph 4.1.1 may contain a request for additional information.

4.1.2.1. The Utilization Questionnaire includes a description of the member's duties, questions regarding awareness of the member's condition, and its effect, if any, on the member's ability to perform the duties of office, grade, rank, or rating, and may further request additional relevant information.

4.1.2.2. An AF Form 422 is included indicating the member's physical defects and duty restrictions, if any.

4.1.2.3. The Members' Declaration Letter includes questions regarding diagnosis and possible impact on military service, whether the member has sought medical care, the member's assessment of their ability to perform military duties, and the member's desire to continue in the military. A question is also included regarding the member's desire to retrain in another Air Force Specialty Code (AFSC) more accommodating to his or her physical limitations.

4.1.2.4. A Civilian Supervisor Duty Performance Questionnaire is included in the Participating Individual Reserve package and the Non-Participating Individual Reserve package. This questionnaire is completed if the member determines there is a reasonable correlation between the member's civilian and military duties.

4.1.3. Special Instructions:

4.1.3.1. The Utilization Questionnaires are provided to the participating member's supervisor, commander (unit of attachment commander for Centrally Managed Programs, HC, JA, SG, OSI, and AIA) unit of assignment commander for all others, and the member's Individual Reserve Program Manager, in turn.

4.1.3.2. On the Utilization Questionnaires included in the Participating Individual Reserve Package that is directed to the program managers, the program manager's concurrence line will include the question: "The member may be qualified to retrain in an AFSC more accommodating to his or her physical limitations. Would you be willing to accept the member in a different assignment and AFSC within your program?"

4.1.3.3. For HPSP students, FAP participants, deferred HPSP graduates, and ROTC cadets, the utilization questionnaire will be sent to the student who will, in turn, provide the questionnaire to the school Dean's Office or Hospital Administrator's SG no later than the 30 day suspense date given.

4.1.3.5. The Civilian Supervisor Duty Performance Questionnaire seeks data from third parties. The member must sign a release statement on the questionnaire if he/she agrees to have it completed.

4.2. Once ARPC/SGP has received all information necessary from the member, the member's supervisor, commander, and program manager, the case file is forwarded to the ARPC FRP.

5. The HQ ARPC FRP.

5.1. Purpose. The FRP determines whether a member is physically fit or unfit for continued military duty in the Reserve components. The FRP's specific knowledge of the individual

Reserve programs offers the most effective process for evaluating individual Reserve cases. The FRP only reviews cases on members with non-duty related medical conditions. If the FRP finds a member physically unfit, it will recommend administrative discharge to the HQ ARPC Commander. The member may be offered retirement instead of discharge, if qualified.

5.2. Governing Directive. The FRP is established to comply with requirements set forth in DoDD 1332.18 DoDI 1332.38, AFI 36-3212, AFI 48-123, and AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*.

5.3. Appointing Authority for FRP Members. The HQ ARPC Commander appoints, in writing, each panel member and alternate panel member as appropriate.

5.4. Convening the FRP. The FRP convenes quarterly, in January, April, July, and October or as required. Timeliness of processing is paramount in these proceedings; therefore, the quantity of cases will not be a determining factor for convening the panel. It may be necessary to convene FRPs out-of-cycle to facilitate timely processing of some cases. FRP recommendations should be made not later than 90 days from the receipt of the original information identifying the medical condition. Any case exceeding this 90 day limit must be reported to HQ ARPC/CC explaining the delay or requesting an extension of the 90 day limit with an explanation. HQ ARPC/SG will notify DPA and JA when the FRP needs to convene.

5.5. Voting Panel and Panel Composition. The FRP is a voting panel and each member has a single vote. A majority vote determines the issue. The FRP will have three voting members and will include representatives from the SG, the DPA, and the JA. The SG representative will be a physician. At least one member of the FRP must be an IMA. At least one member must be in the rank of Colonel. For officer cases, the remaining two members must hold the rank of captain or above. For enlisted cases, one member must hold the rank of master sergeant or above. The senior non-medical officer on the board will act as signature authority for the board recommendation.

5.5.1. Training FRP Members. Each member is given a guidance package containing major applicable directives and publications. HQ ARPC/SG, DPA, and JA design and present a briefing to each member for orientation.

5.5.2. Self-Disqualification. FRP members must disqualify themselves if, for any reason, they believe they would be unable to render a fair and impartial decision (e.g., member is a relative; member is a personal acquaintance, or panel member's personal experience renders them unable to be fair and impartial). If a member disqualifies himself or herself, the alternate will participate in that panel.

5.6. Fitness Determinations. The standards and criteria for making these determinations are in DoDD 1332.18 and AFI 48-123.

5.6.1. FRP Considerations. Among the many factors the FRP must consider when reviewing each case are consistency with prior FRP decisions, unique facts in particular cases, the proximity of separation or retirement dates, and the possibility of retraining

members in another specialty more compatible with their medical condition. HQ ARPC/DPA will provide retirement and separation dates (normally indicated on a Single Unit Retrieval Format). Prior to each FRP, SG will forward each member's name and SSN to HQ ARPC/DPPR to verify the member's satisfactory service and Reserve service requirement (this will be used to determine qualification for early retirement, assuming the FRP finds the member physically unfit). DPPR returns the service information to SG. SG will provide this information to the FRP.

5.6.2. Evidentiary Standard for Determining Unfitness. A factual finding that a member is unfit because of physical disability shall be made if a preponderance of the evidence (that is, more likely than not) indicates unfitness. If, on the other hand, a preponderance of the evidence indicates fitness, the member may not be found unfit. Findings will be made on the basis of objective evidence in the record, as distinguished from personal opinion or speculation. All relevant evidence must be considered; the quality of evidence is usually more important than quantity. Unresolved doubt shall be resolved in favor of the fitness of the member under the rebuttable presumption that the member desires to be found fit for duty.

5.6.3. Dissenting Report. Any voting member of a FRP may prepare a signed report for any case in which he or she disagrees with the majority decision. Included in the report will be the date and location of the FRP and the reasons for the disagreement. The dissenting report will be included in the case package.

5.7. FRP Logistics.

5.7.1. FRP Location. The FRP is located at HQ ARPC, 6760 East Irvington Place, Denver CO 80280.

5.7.2. Logistical and Administrative Support. The HQ ARPC Commander has oversight of the FRP and reviews and approves recommendations. Administrative support for each FRP will be provided by representatives from SG, JA, and DPA. For proper continuity, each FRP will be supported by the same directorate representative (or the same position) whenever possible. The DPA representative will schedule an FRP meeting room and notify the FRP members and their directors of the time and place the FRP will meet. The SG representative will prepare each case for review and present each case to the other panel members. JA is responsible for ensuring that a recorder is available to observe and record the panel proceedings. Any FRP members who are in a TDY or Reserve tour status receive special support from the directorate they represent (e.g., orders publication, billeting arrangements, and obtaining building badges). The appropriate office will provide technical support regarding questions and information of a medical, legal or personnel nature.

5.7.2.1. FRP Case File Assembly and Disposition. The completed case file is "For Official Use Only" and will be handled in accordance with AFI 37-131, *Freedom of Information Act Program* and AFI 37-132, *Air Force Privacy Act Program*. At a minimum, each case will include medical documentation that validates an injury or illness unacceptable to the standards in AFI 48-123, the Member's Declaration (and attached Civilian Supervisor Duty Performance Questionnaire, if appropriate), the

Utilization Questionnaire, the HQ ARPC/SG Physician Review, and the FRP Summary Statement and Recommendation.

6. FRP Findings.

6.1. Based on the review of each case, the FRP may arrive at one of the following recommendations:

6.1.1. Member is found physically fit for duty and should be retained in their current specialty and duty position.

6.1.2. Member is found physically fit for duty and should be retained in their current specialty and duty position with limitations.

6.1.3. Member is found physically unfit for duty in their current specialty and duty position and will require retraining to remain a member in the Reserve.

6.1.3.1. When making a recommendation to retrain a member who has been found unfit to perform current duties into another AFSC, the FRP must consider the retirement eligibility of that individual.

6.1.3.2. Cases recommended for retention and retraining are processed in accordance with AFMAN 36-8001, *Reserve Personnel Participation and Training Procedures* and AFI 36-2115, *Assignments Within the Reserve Components*.

6.1.4. Member is found physically unfit for duty and the FRP recommends administrative discharge for medical reasons or retirement, if qualified (See AFI 36-3209).

6.2. Documenting Findings and Recommendations. The FRP will provide a cover memorandum (FRP Summary Statement and Recommendation) summarizing medical findings and their effect on the member's duty performance (**Attachment 5**). The recommendation will be one of the following:

6.2.1. Retention.

6.2.2. Retention and Retraining.

6.2.3. Retirement.

6.2.4. Discharge.

6.3. AFIT/CIMJ will receive a courtesy copy of this memorandum when the member is an HPSP/FAP participant.

6.4. All cases are forwarded to the HQ ARPC Commander for review and approval of recommendations. An AF Form 1768 is prepared for each case and signed by the senior non-medical board member (**Attachment 6**). Individual Staff Summary Sheets with required tabs (case file, letter for the commander's signature directing DPP to begin discharge processing on the member, and the verbatim transcription of the FRP hearing) will be submitted by the FRP recorder to SG, DPA, and JA panel members. When their coordination has been obtained, the package will be sent for CCE, CCR, CCV coordination and the commander's approval. Cases approved for retention are returned to SG and the member, unit, and

Program Manager are notified. ALC and expiration dates are input to PDS when appropriate. Cases approved for retraining are forwarded to DPA for further assignment and training processing. The member, unit, and Program Manager are notified. In the event the HQ ARPC Commander approves a discharge recommendation, the case is forwarded to HQ ARPC/DPP.

6.4.1. If the member is recommended for discharge, DPPS sends a memorandum to the member informing him/her and offering the option of appealing the discharge recommendation through the United States Air Force Disability Evaluation System (DES) (Physical Evaluation Board Process) in accordance with AFI 36-3212. The member may only appeal a finding of unfit for duty. The member may not appeal a finding of fit for duty. The member is informed of his or her entitlement to representation by legal counsel and of the fact that all travel-related expenses incurred by this process are their responsibility.

6.4.2. If the member appeals the discharge recommendation and requests entry in the DES, the case is forwarded to HQ ARPC/SGP who in turn will forward the case to HQ AFPC/DPPDS for further processing in accordance with AFI 36-3212 or AFI 36-3209.

6.4.3. If the member does not request entry into the DES, officer cases are forwarded to the Secretary of the Air Force Personnel Council (SAF/PC) for final disposition. Officers may also tender resignation in lieu of action based on physical disability. The resignation must also be approved by SAF/PC. Enlisted cases are forwarded to HQ ARPC/DPPS. HQ ARPC/DPPS publishes discharge orders for officer and enlisted members. Cases of members who are eligible and apply for retirement will be processed as prescribed in AFI 36-320.

KIRK A. JAMISON
Chief, Systems Services Division
Directorate of Communications
and Information

**Attachment 1—SG STAFF SUMMARY SHEET TO ARPC/CC - EXPEDITED
PROCESSING**

Attachment 2—PARTICIPATING INDIVIDUAL RESERVIST PACKAGE

Attachment 3—NON-PARTICIPATING INDIVIDUAL RESERVIST PACKAGE

Attachment 4—HPSP/FAP/ROTC PACKAGE

Attachment 5—FRP SUMMARY STATEMENT AND RECOMMENDATION

Attachment 6—FRP STAFF SUMMARY SHEET TO ARPC/CC

Attachment 1
SG Staff Summary Sheet to ARPC/CC - Expedited Processing

STAFF SUMMARY SHEET							
NO	TO	ACTION	SIGNATURE (Signature, GRADE AND DATE)	NO	TO	ACTION	SIGNATURE (Signature, GRADE AND DATE)
1	ARPC/ SG	Coord		6	ARPC/ CV	Coord	
2	ARPC/ JA	Coord		7	ARPC/ CC	Appr	
3	ARPC/ DPA	Coord		8	ARPC/ DPDS	Action	
4	ARPC/ CCE	Coord		9			
5	ARPC/ CCR	Coord		10			
SIGNATURE OF ACTION OFFICER AND GRADE			NAME	PHONE		THREATS NOT ALL	SUSPENSE DATE
			HQ ARPC/SG				
SUBJECT							DATE
Recommendation for Expedited Processing of Discharge Action (ARPCI 36-3212)							
<p>SUMMARY I recommend discharge of [Rank, Name, SSN] in accordance with AF-I 36-3209, <i>Administrative Discharge and Separation of Air National Guard and Air Force Reserve Members</i>. He/she is unfit for continued military duty. [Describe medical condition and it's effect on the member's ability to perform the duties of his/her office, grade, rank or rating.]</p> <p>RECOMMENDATION: HQ ARPC/CC approve the recommendation.</p>							
Name, Rank, USAF HQ ARPC/SG Physician				1 Tab 1. Background Information			

ATTACHMENT 1

STAFF SUMMARY SHEET TO HQ ARPC/CC - EXPEDITED PROCESSING

Attachment 2
Participating Individual Reservist Package (Cover Letter)

MEMORANDUM FOR <<Rank>> <<Full Name>> <<SSN>>
<<Address>>
<<City>><<State>><<Zip>>

FROM: HQ ARPC/SG
6760 E Irvington Pl #7200
Denver CO 80280-7200

SUBJECT: Evaluation of Change in Your Medical Condition

1. After reviewing your medical documentation our ARPC Physician is considering a recommendation of administrative discharge for medical reasons. <<Diagnosis>> is potentially disqualifying for continued military service according to AFI 48-123 <<Reference>>. Your case will be forwarded to the HQ ARPC Fitness Review Panel (FRP) to determine if you are qualified to perform in your current Air Force Specialty Code (AFSC) with your medical diagnosis. Please complete the attached questionnaire so the FRP can make an informed decision.

2. I have included a Civilian Supervisor Duty Performance Questionnaire for completion by your civilian supervisor. This Questionnaire will be most helpful if there is a reasonable correlation between your military and civilian duties. Submission of this questionnaire is strictly voluntary. If you want to release this questionnaire to your civilian supervisor, please sign the release statement on the questionnaire and have your civilian supervisor complete it. Submit it along with the member's declaration and utilization questionnaire as soon as possible, but no later than <<Suspense Date>>. You do not give up your right to appeal a finding of unfit for duty by completing and returning this package. My point of contact for this process is <<POC>>, toll free 1-800-525-0102, extension 71236, commercial 303-676-7237 or DSN 926-7237.

<<Name, Rank>>, USAF
Director, Health Services
Individual Reserve Programs

Attachments:

1. Member's Declaration
2. Civilian Supervisor Duty Performance Questionnaire
3. Utilization Questionnaire
4. AF Form 422

Attachment 2

Participating Individual Reservist Package (Member's Declaration)

Name _____

SSN _____

1. Do you understand your diagnosis and the possible impact on your military service?
(Please circle) YES NO
2. Have you sought medical care in regard to your diagnosis? (Please circle) YES NO
3. Do you think you can perform the duties of your AFSC considering your diagnosis?
(Please circle) YES NO (Please Explain)
4. Do you desire to continue in military service? (Please circle) YES NO
5. Would you consider reassignment and training in another specialty more accommodating to your medical condition? (Please circle) YES NO
6. If you have answered YES to question 5, based on civilian employment or other experience, in what specialty would you be interested in retraining? (Your response to this question does not guarantee reassignment or retraining. That determination will be based on the needs of the Air Force Reserve.)

Member's Signature _____ Date _____

Attachment 2
Participating Individual Reservist Package
(Civilian Supervisor Duty Performance Questionnaire)

Name _____

SSN _____

I hereby agree to release this questionnaire to my civilian supervisor for the purpose of acquiring additional information for the Air Force Reserve.

Member's /Signature Date

1. Please describe the nature of the individual's duties. Please include not only common tasks, but such considerations as whether the member is routinely required to fire a weapon, perform field duty, wear load-bearing equipment, or protective gear.
2. Were you aware of the individual's medical condition and, if so, when did you become aware of this condition?
3. Have any concessions been made for this condition? If so, what concessions?
4. Since the condition first developed, has he/she performed duties in a satisfactory manner? If NO, please explain and include dates of absence.
5. As the individual's supervisor, do you think the individual's condition adversely affects the welfare of others in the workplace? If YES, please explain.
6. Do you have any other information showing how the individual's medical condition affects his/her ability to adequately perform duties your organization requires? If YES, please explain.

Supervisor's Signature _____ Date _____
Printed or Typed Name and Duty Title

Attachment 2
UTILIZATION QUESTIONNAIRE

Name _____

SSN _____

1. Please describe the nature of the member's duties. Please include not only common tasks, but such considerations as whether the member actually deploys, is routinely required to fire a weapon, perform field duty, wear load-bearing equipment or protective gear, or occupies a position requiring that he/she be deployable.
2. Were you aware of the member's condition and, if so, when did you become aware of this condition?
3. Have any concessions been necessary to accommodate this condition? If so, what concessions?
4. Since the condition first developed has he/she performed duties in a satisfactory manner? If NO, please explain and include dates of absence.
5. As the member's supervisor, do you think the member's condition adversely affects the welfare of other members, or the mission of the unit? If YES, please explain.
6. Do you have any other information showing how the member's medical condition affects his/her ability to adequately perform military duties or serve in your unit? If YES, please explain.

Member's Supervisor Signature _____ Date _____
Printed or Typed Name, Rank, and Duty Title

1st Ind, Member's Commander

I do/do not concur

Commander's Signature _____ Date _____
Printed or Typed Name, Rank

2nd Ind, Individual Reserve Program Manager

I do/do not concur

The member may be qualified to retrain in an AFSC more accommodating to his or her physical limitations. Would you be willing to accept the member in a different assignment and AFSC within your Program? If yes, what specialty(s) would you recommend? Yes/No

Recommended Specialty(s):

Individual Reserve Program Manager Signature _____ Date _____
Printed or Typed Name, Rank

Attachment 2

Participating Individual Reservist Package (AF Form 422)

PHYSICAL PROFILE SERIAL REPORT									
PATIENT ID: (Use printed card or type/print name) SMITH, JOHN J.					GRADE O 6		DATE 20010622		
					AFSC 3A0XX		SSN 999-99-9999		
					UNIT 3453 SPACE SQUADRON				
					BASE MINOT AFB SD				
PROFILE	P	U	I	H	E	S	SUFFIX	BLOOD GROUP DATA	
PREVIOUS								TYPE AND RH	
REVISED TEMPORARY								DEFICIENCY	
REVISED PERMANENT								SCALE CELL TRAIT	
RELEASE DATE OF TEMPORARY PROFILE OR DUTY RESTRICTION					Hemoglobin S				
INDIVIDUAL EFFECTS/RESTRICTIONS					PASSES COLOR VISION				
					YES <input type="checkbox"/> NO <input type="checkbox"/>				
MEDICAL DEFECT/CONDITION REQUIRES AER OR PER PROCESSING - ASSIGNMENT AVAILABILITY CODE (AACH) 37 APPLIES									
<i>As shown by examination or review of Health Record or current course of treatment, individual is cleared for</i>									
OVERSEAS ASSIGNMENT					RETIREMENT SEPARATION WITHIN ONE (1) YEAR				
REMOTE/ISOLATED TOUR					OTHER (Specify)				
REMARKS									
TYPED OR PRINTED NAME AND GRADE OF HEALTH CARE PROVIDER							SIGNATURE		
TYPED OR PRINTED NAME AND GRADE OF YES MANAGER							SIGNATURE		
TYPED OR PRINTED NAME AND GRADE OF PROFILE OFFICER							SIGNATURE		
OPMOD	EDTADM	OPM JUN	OPMPC	OPMATH					

Attachment 3
Non-Participating Individual Reservist Package (Cover Letter)

MEMORANDUM FOR: Member's Rank, Name, SSN
Address
City, State

FROM: HQ ARPC/SG
6760 East Irvington Place #7200
Denver CO 80280-7200

SUBJECT: Evaluation of Changes in Your Medical Condition

1. After reviewing your medical documentation our ARPC Physician is considering a recommendation of administrative discharge for medical reasons. <<Diagnosis>> is potentially disqualifying for continuation in the Air Force Reserve, according to AFI 48-123 <<Reference Paragraph>>. Your case will be forwarded to the HQ ARPC Fitness Review Panel (FRP) for determination of your qualification to function in your Air Force Specialty Code (AFSC) with your medical diagnosis. Please complete the attached Member Declaration to assist the FRP in making an informed decision. Please add any information you think important to help the FRP make a decision.
2. I have also included a Civilian Supervisor Duty Performance Questionnaire for completion by your civilian supervisor should you choose to use it. This questionnaire will be most helpful if there is a reasonable correlation between your military and civilian duties. Submission of this questionnaire is strictly voluntary. If you want to release this questionnaire to your civilian supervisor, sign the release statement on the questionnaire and have your civilian supervisor complete it. If you decide to use the questionnaire, return it along with the Member's Declaration. You do not give up the right to appeal a finding of unfit for duty by completing and returning this package. Please return the package no later than <<Suspense Date>>. My point of contact for this process is <<Rank>><<Name>>, toll free 1-800-525-0102, ext. 71236, commercial 303-676-7237 or DSN 926-7237<<Rank>><<Fullname>>.

<<Name, Rank>>, USAF
Director of Health Services
Individual Reserve Programs

2 Attachments

1. Member's Declaration
2. Civilian Supervisor Duty Performance Questionnaire

Attachment 3
Non-Participating Individual Reservist (Member's Declaration)

Name _____

SSN _____

1. Do you understand your diagnosis and the possible impact on your military service?
(Please circle) YES NO
2. Have you sought medical care in regard to your diagnosis? (Please circle) YES NO
3. Do you think you can perform the duties of your AFSC considering your diagnosis?
(Please circle) YES NO
4. Do you desire to continue in military service? (Please circle) YES NO
5. Would you consider reassignment and training in another specialty more accommodating to your medical condition? (Please circle) YES NO
6. If you have answered yes to question 5, based on civilian employment or other experience, in what specialty would you be interested in retraining? (Your response to this question does not guarantee reassignment or retraining. That determination will be based on the needs of the Air Force Reserve.)

Members Signature _____ Date _____

Attachment 3
Non-Participating Individual Reservist
(Civilian Supervisor Duty Performance Questionnaire)

Name _____

SSN _____

I hereby agree to release this questionnaire to my civilian supervisor for the purpose of acquiring additional information for the Air Force Reserve.

Member's Signature _____ Date _____

1. Please describe the nature of the individual's duties. Please include not only common tasks, but such considerations as whether the member is routinely required to fire a weapon, perform field duty, wear load-bearing equipment or protective gear.
2. Were you aware of the individual's medical condition and, if so, when did you become aware of this condition?
3. Have any concessions been made for this condition? If so, what concessions?
4. Since the condition first developed, has he/she/ performed duties in a satisfactory manner? If NO, please explain and include dates of absence.
5. As the individual's supervisor, do you think the individual's condition adversely affects the welfare of others in the workplace? If YES, please explain.
6. Do you have any other information showing how the individual's medical condition affects his/her ability to adequately perform duties your organization requires? If YES, please explain.

Supervisor's Signature _____ Date _____
Printed or Typed Name and Title _____

Attachment 4
HPSP/FAP/ROTC/ Package (Deferred Letter)

MEMORANDUM FOR (NAME OF SCHOOL DEAN OR HOSPITAL ADMINISTRATOR)

FROM: HQ ARPC/SG
6760 East Irvington Place #7200
Denver CO 80280-7200

SUBJECT: Evaluation of Changes in Your Medical Condition

1. After reviewing your medical documentation our ARPC Physician is considering a recommendation of administrative discharge for medical reasons. <<Diagnosis>> is potentially disqualifying for continued military service, according to AFI 48-123 <<Reference Paragraph>>. Your case will be forwarded to the HQ ARPC Fitness Review Panel (FRP) for determination of your qualification to function in your Air Force Specialty Code (AFSC) with your medical diagnosis. Please complete the attached Member Declaration to assist the FRP in making an informed decision. Please add any information you think important to help the FRP make a decision.
2. I have included a HPSP/FAP/Deferred/ROTC Questionnaire. Please have whoever is responsible for overseeing your performance complete the questionnaire with coordination through your school dean or hospital administrator. Return the questionnaire along with the Member's Declaration as soon as possible, but no later than <<Suspense Date>>. You do not give up your right to appeal a finding of unfit for duty by completing and returning this package. My point of contact for this process is <<Rank>><<Name>>, toll free 1-800-525-0102, ext. 71236, commercial 303-676-7237 or DSN 926-7237.

<<Name>>, Col, USAF, NC
Director, Health Services
Individual Reserve Programs

Attachments:

1. Member's Declaration
2. HPSP/FAP/ROTC/Deferred Questionnaire

Attachment 4
HPSP/FAP/ROTC/Deferred (Member's Declaration)

Name _____

SSN _____

1. Do you understand your diagnosis and the possible impact on your military service?
(Please circle) YES NO

2. Have you sought medical care in regard to your diagnosis? (Please circle) YES NO

3. Do you think you can perform the duties of your AFSC considering your diagnosis?
(Please circle) YES NO (Please Explain)

4. Do you desire to continue in military service? (Please circle) YES NO

5. Please add any information you think may assist the FRP to determine your medical qualification for continued service.

Member's Signature _____ Date _____

Attachment 4
HPSP/FAP/ROTC/DEFERRED (HPSP/FAP/DEFERRED/ROTC Questionnaire)

Name _____

SSN _____

1. Please describe the nature of the individual's duties.
2. Were you aware of this individual's condition and , if so, when did you become aware of this condition?
3. Have any concessions been made to accommodate this condition? If so, what concessions?
4. Since the condition first developed has he/she performed duties in a satisfactory manner (e.g., absences, abnormally low grades, clinical performance)? If NO, please explain and include dates of absence.
5. As this individual's supervisor, do you think their condition adversely affects the welfare of others in the workplace? If YES, please explain.
6. Do you have any other information showing how this individual's medical condition affects their ability to adequately perform within your organization? If YES, please explain.

Dean or Hospital Administrator's Signature _____ Date _____
Printed or Typed Name and Title _____

Attachment 5
FRP SUMMARY AND RECOMMENDATION

MEMORANDUM FOR HQ ARPC/CC

FROM: HQ ARPC/FRP
(Address)

SUBJECT: ARPC Fitness Review Panel Summary and Recommendation

1. <<Rank>> <<Full name>>, <<SSN>> has been found unfit/fit for continued military service.
2. Describe the medical condition and it's effect on the member's performance of duty. Does the problem render the member unfit? Why? What facts and evidence support the individual being able/unable to perform the duties of his/her office, rank or rating? Include date the case was considered.
3. Include any information relating to proximity to retirement/separation date.
4. The ARPC Fitness Review Panel recommends administrative discharge for medical reasons, based on the facts that the member has (state medical condition/problem) which has affected the member's ability to perform the duties of his/her office, rank, or rating in the following way: (restate facts, if applicable). (If the FRP finds the member fit for continued military duty, and recommends retention, or recommends retention and retraining, so state).

Signature of Senior Non-Medical Panel Member _____
Name, Rank, USAF

3. Attachments
1. Medical Information
 2. Member's Declaration
 3. Supervisor/Commander/Program Manager Information

cc: AFIT/CIMJ (For HPSP and FAP participants)

Attachment 6
FRP Staff Summary Sheet to ARPC/CC

STAFF SUMMARY SHEET							
NO.	TO	ACTION	SIGNATURE (Surname, GRADE AND DATE)	NO.	TO	ACTION	SIGNATURE (Surname, GRADE AND DATE)
1	ARPC/ CCE	Coord		6			
2	ARPC/ CCR	Coord		7			
3	ARPC/ CV	Coord		8			
4	ARPC/ CC	Appr		9			
5	ARPC/ DPPS	Action		10			
SURNAME OF ACTION OFFICER AND GRADE			SYMBOL		PHONE		TYPE/PS INITIALS
			HQ ARPC/FRP				SUB/PL/SE DATE
SUBJECT							DATE
HQ ARPC Fitness Reveiw Panel Recommendation on [Rank, Name, SSN]							
SUMMARY							
The attached HQ ARPC Fitness Review Panel Recommendation is forwarded for coordination and approval.							
RECOMMENDATION: HQ ARPC/CC approve the recommendation.							
Name, Rank, USAF (Signature of Senior Non-Medical FRP Member)				2 Tabs 1. FRP Recommendation 2. Background Information			

ATTACHMENT 6
FRP STAFF SUMMARY SHEET TO HQ ARPC/CC